KENTUCKY BOARD OF NURSING
NURSING INCENTIVE SCHOLARSHIP FUND
APPLICATION PROCESS

General Information

The Nursing Incentive Scholarship Fund (NISF) provides scholarships to Kentucky residents attending approved prelicensure nursing programs (RN or LPN) or graduate nursing programs. The scholarship requires that a recipient must work full-time as a nurse in Kentucky for one year for each academic year funded. If a recipient does not complete the nursing program within the time frame specified by the program, or does not complete the required employment, then the recipient will be required to repay any NISF monies awarded, plus accrued interest. NISF recipients are selected individually, using specified criteria. The amount of each scholarship is $3,000 per year ($1,500 per semester). NISF scholarships may be used for cost of living expenses, as well as school expenses.

Students in prelicensure (LPN & RN) and BSN completion nursing programs must complete a minimum of 15 credit hours per academic year of published requirements for the nursing program for each $3,000 scholarship awarded. Graduate nursing programs require completion of 9 credit hours per academic year. Students must maintain a minimum grade point average which will allow continuation in a nursing program. **The required number of credit hours can be divided between the fall, spring and summer sessions.**

Qualifications & Preference Categories

An applicant for an initial NISF award must be a Kentucky resident and have been admitted to a program of nursing (whether located in Kentucky or not).

Preference for awards is given to applicants with financial need; practical nurses pursuing registered nursing education; and registered nurses pursuing graduate nursing education. **To meet the financial need preference category, remember to apply early for financial aid through the school you are attending.** See the instruction page for more information on qualifying for the financial need category.

Scholarship recipients may be eligible to receive continued awards if successful academic progression is maintained throughout the nursing program. An application must be submitted for continuation consideration.

Mailing Your Application Form

The completed application form is to be postmarked by June 1 and mailed to the address below. The NISF funding period pertaining to this application form begins with the fall semester following the June 1 deadline.

Nursing Incentive Scholarship Fund
Kentucky Board of Nursing
312 Whittington Pky, Suite 300
Louisville, KY 40222-5172

Application Deadline Date

APPLICATION FORMS ARE ACCEPTED JANUARY 1 THROUGH JUNE 1.

**Application forms that are not postmarked by the June 1
deadline date will be considered ineligible.**

INSTRUCTIONS FOR COMPLETING THE NISF APPLICATION FORM

The NISF application form may be duplicated as needed.

IMPORTANT: Follow all instructions carefully when completing the NISF application form. Remember, any error or omission of information could result in the delay or denial of your application. Use this page as a checklist to make sure that all required steps have been completed. If you have any questions regarding this application, call Richelle Livers, NISF Program Coordinator, at 800-305-2042 or 502-429-3300, extension 290.

Checklist

☐ All signatures on the application form have been provided.

☐ A phone number has been provided where you can be reached during the day or where a message can be left for you. **Include an email address, if applicable, where you can be reached.**

☐ All questions have been answered completely. Fill in all appropriate circles and boxes. **DO NOT LEAVE ANY QUESTIONS BLANK.**

☐ Retain a copy of this application form and all attached forms for your records.

THE FOLLOWING MUST BE INCLUDED WITH THE NISF APPLICATION FORM

SECTION C: VERIFICATION OF STUDENT STATUS

The administrator of the nursing program in which you are enrolled must complete this portion. If the applicant does not have a post-secondary GPA, please include the applicant's high school GPA.

THE FOLLOWING MAY BE INCLUDED WITH THE NISF APPLICATION FORM

A COPY OF YOUR STUDENT AID REPORT

If you want to qualify for the financial need preference category, then you should include a copy of your Student Aid Report (SAR) for consideration. The date of the SAR must match the academic year for which you are applying for funding.

WHERE DO YOU GET A STUDENT AID REPORT?

The Free Application for Federal Student Aid (FAFSA) may be obtained from the financial aid office at the school you are attending. The financial aid officer is the best source of information for applying for the FAFSA, so check with that office to ensure that you have completed all required forms. Follow the instructions to complete and submit the form to the proper agency. The College Scholarship Service or the U.S. Department of Education will then send you a Student Aid Report.   For students with access to the Internet, online help in completing the FAFSA is available at www.FAFSA.ed.gov/index.htm. **It takes several weeks to process a SAR, so APPLY EARLY.**

Submit ONLY A COPY of the SAR with your application, and include ALL PAGES (1-8) of the SAR; 3 pages if filed on the Internet. The report will have your EFC # on it.   Application forms received by the June 1 deadline will be given the same consideration as those received early.   **Do NOT submit the actual FAFSA or the electronic application to the Kentucky Board of Nursing.**

10/03

Kentucky Board of Nursing
312 Whittington Pky, Suite 300
Louisville, KY 40222-5172
800-305-2042 or 502-429-3300
Internet: kbn.ky.gov

NURSING INCENTIVE SCHOLARSHIP FUND
APPLICATION FORM

Type or print using capital letters and black ink and fill in appropriate circles.

Section A: Identification Information

Social Security Number: ☐☐☐ - ☐☐ - ☐☐☐☐

Last Name

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First Name   MI   Maiden Name

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Street Address

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City   State   Zip Code

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Home Telephone #   Daytime Telephone #

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Email Address   **Use separate box for "dot."**

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Section B: Review Information

Are you a KY resident?   **Yes** ◯   **No** ◯

Do you hold a current KY nursing license?   **Yes** ◯   **License #** ☐☐☐☐☐☐☐   **No** ◯

New Applicant? ◯   **Previous or Current Recipient?** ◯

List any previous experience, either paid or voluntary, you have in the health care field: **Attach a Page if Needed**

# of Months	Facility	Job Title or Major Duty
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Applicant's Name:

Social Security #:

[ ]   [ ][ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

Section C: Student Status Verification

NURSING PROGRAM ADMINISTRATOR: Please complete the portion below and return it to the student.

School Name [ ]

Street Address [ ]

City [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   State [ ][ ]   Zip [ ][ ][ ][ ][ ]

Telephone # [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ]

Type of Nursing Program: **LPN** ◯   **ADN** ◯   **BSN** ◯   **Graduate** ◯   **Graduate Type:** _____

	Month	Year		Month	Year
Beginning Date for Nursing Program:	[ ][ ]	[ ][ ][ ]	Expected Date of Completion:	[ ][ ]	[ ][ ][ ]

Number of credit hours estimated for completion: [ ][ ]   Grade Point Average: [ ] - [ ][ ]

[If the applicant does not have a post-secondary GPA, use his/her high school GPA.]

Name of Administrator: [ ]

Title of Administrator: [ ]

Administrator's Signature

Date: [ ][ ] - [ ][ ] - [ ][ ][ ][ ]

Section D: Certification and Release of Information

APPLICANT: Sign and date the certification and authorization for release of information.

I affirm that all the information reported is complete, accurate, and true to the best of my knowledge. I understand that if I do not meet the obligation of this program, I will be required to repay the scholarship funds received plus accrued interest. I understand that I will be required to sign a promissory note and contract to receive NISF funds.

I authorize school officials to release the information requested to the Kentucky Board of Nursing for the purpose of determining eligibility for nursing loan assistance.

Applicant's Signature

Date: [ ][ ] - [ ][ ] - [ ][ ][ ][ ]

Deadline Date: Postmarked by June 1

By June 1, mail the completed application form to: **Nursing Incentive Scholarship Fund**
Kentucky Board of Nursing
312 Whittington Pky, Suite 300
Louisville, KY 40222-5172

If you have questions, e-mail RichelleR.Livers@ky.gov, or call Richelle at 502-429-3300, ext 290.   3/05